

REMARKS

The first Office Action mailed March 26, 2004, considered claims 1-38. Claims 1-38 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Lavin et al. (U.S. Patent No. 5,772,585) in view of Pross et al. (U.S. Patent No. 5,343,869).

By this paper the specification has been amended in paragraphs beginning at page 15, at line 20, at page 20, line 1, at page 36, line 10, and at page 37, line 3. By this paper Figure 3 has been amended. By this paper claims 1, 3-10, 12, 15-17, 19-21, 23-25, 27-31, and 33-37 have been amended. Dependent claims 39-42 are new. Claims 2, 13-14, 22, 26, 32, and 38 have been cancelled. Accordingly, claims 1, 3-12, 15-21, 23-25, 27-31, 33-37, and 39-42 are pending. Of these claims, the only independent claims at issue are claims 1, 12, 23, and 24. As reflected above, in the listing of claims, claims 1 and 23 are generally directed to methods for transferring patient data between a decision-support module and a user module. Claim 12 is directed to a corresponding computer-program product claim for implementing the method recited in claim 1. Claim 24 is directed to a system for transferring patient data between a decision-support module and a user module. Each of the foregoing independent claims have been amended to more clearly recite how decision-supported patient data is generated and transferred.

It should be appreciated that the generation and transfer of decision-supported patient data is distinguished from the generation and transfer of patient data, as described in Lavin. In particular, Lavin discloses a system that enables medical personnel to input patient information and subsequently retrieve the patient information that was entered (Col. 9, line 20 to Col. 10, line 67). For example, a physician can input patient information including subjective and objective observations, assessment notes, diagnoses, and treatment plans of the physician (Col. 9, lines 30 – 40). The physician can subsequently retrieve this patient information or other previously

entered patient entered information, for example, entered by a nurse prior to an examination or entered during a prior examination (Col. 9, line 65 – Col. 10, line 57). As depicted in Lavin, patient information can be entered at one network computer system and retrieved at a different network computer system (Figure 1, Col. 4, lines 17 – 59).

Generally, Pross discloses uploading patient information from a remote computer (potentially wirelessly) to a portable electronic acquisition unit (Col. 6, lines 45 – line 48 and Col. 13, lines 12 – 15). Similar to Lavin, the uploaded patient information disclosed in Pross can include clinical history, care-related information, and patient care plan. (Col. 6, line 48 – Col. 7, line 11).

Lavin and Pross fail, however, to disclose or even mention accessing patient data for at least one patient, accessing updateable rules and parameters corresponding to one or more medical conditions, generating decision-supported patient data for the at least one patient based on the accessed patient data and the accessed updateable rules and parameters, and transferring the generated decision-supported patient data to the mobile user module. For at least these reasons, Applicants respectfully submit that Lavin in view of Pross fail to anticipate or obviate independent claims 1 and 12.

Further, Lavin and Pross fail to disclose or even mention a system with a decision support module configured to implement the method of claim 1 along with a remotely located user module configured to receive decision-supported patient data from the decision-support module. For at least these reasons, Applicants respectfully submit that Lavin in view of Pross fail to anticipate or obviate independent claim 24.

Furhter, Lavin and Pross also fail to disclose or even mention indicating at least one patient, receiving decision-supported patient data having been generating by evaluating patient

data accessed from a patient module along with updatable rules and parameters corresponding to one or more medical conditions; and presenting received decision-supported patient data specific to the at least one patient in a configuration that assists a clinician in treating the at least one patient. For at least these reasons, Applicants respectfully submit that Lavin in view of Pross fail to anticipate or obviate independent claim 23.

The office action further suggests that each of the dependent claims 3-11, 15-21, 25, 27-31, and 33-37 are also obvious over Lavin in view of Pross. Since each of the dependent claims 3-11, 15-21, 25, 27-31, and 33-37, as well as new dependent claims 39-42 depend from one of the independent claims 1, 12, and 23, and 24 and therefore inherent the limitations of one of the independent claims. Applicants respectfully submit that Lavin and Pross also fail to anticipate or obviate dependent claims 311, 15-21, 25, 27-31, 33-37, and 39-42.

For at least the foregoing reasons, Applicants respectfully submit that Lavin and Pross fail to anticipate or obviate the recited claims, either singly or in combination. In particular, Lavin and Pross fail to disclose the claimed generation, transfer, and reception of decision-supported patient data, as recited in the claims. For at least the forgoing reasons, Applicants respectfully submit that the pending claims, 1, 3-12, 15-21, 23-25, 27-31, 33-37, and 39-42 are now in condition for allowance.

In the event that the Examiner finds remaining impediment to a prompt allowance of this application that may be clarified through a telephone interview, the Examiner is requested to contact the undersigned attorney.

Dated this 23rd day of June, 2004.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael B. Dodd". The signature is fluid and cursive, with the first name "Michael" written in a larger, more prominent script than the last name "Dodd".

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